

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 4 — 4 5

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

November 3, 1994

5. REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

6. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

7. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D Part I Page 116

** See Remarks

9. FEDERAL BUDGET IMPACT:

a. FFY 1994-1995 \$ 50.5 m

b. FFY 1995-1996 \$ 0

10. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

No Previous Page

11. SUBJECT OF AMENDMENT:

Long Term Care Services (Recalibration)

12. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

13. SIGNATURE OF STATE AGENCY OFFICIAL:

14. TYPED NAME:

Michael J. Dowling

15. TITLE:

Commissioner

16. DATE SUBMITTED:

December 30, 1994

17. RETURN TO:

New York State Department of Social Services
40 North Pearl Street
Albany, New York 12243

18. EFFECTIVE DATE OF APPROVED MATERIAL:

19. TYPED NAME:

20. REMARKS:

Attachment 4.19-D is revised page 109 submitted by State in letter dated May 24, 1998

** See Remarks

Nursing facilities (NF) shall receive prospective 1994 rate enhancements to their rates of payment, effective November 3, 1994 through December 31, 1994. An amount not to exceed \$111 million shall be distributed to all eligible nursing facilities through 1994 prospective rate enhancements to their rates of payment. Eligible facilities shall be those facilities that sought timely relief for such rate enhancements. Such amount shall be allocated to each eligible NF based upon its reported change in patient case mix as determined by the total number of patients properly assessed and reported by the facility pursuant to 86-2.30, in excess of that reimbursed for the same base period, 1989-1991. The facility's allocated share of the prospective payment enhancement shall be converted to a per diem adjustment by dividing this amount by its volume of Medicaid days for the period November 3, 1994 through December 31, 1994.

TN **94-45** Approval Date **NOV 28 2000**
Supersedes TN 91-24 Effective Date **Nov.3, 1994**